



# Rapid Gender Analysis – COVID-19

## Middle East and North Africa Region

June 2020



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[www.care.org](http://www.care.org)

## **ACKNOWLEDGEMENTS**

The views in this RGA are those of the author alone and do not necessarily represent those of CARE or its programs.

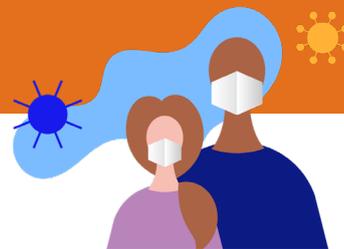


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## Abbreviations

COVID-19	Novel Coronavirus 2019	RGA	Rapid Gender Analysis
GBV	Gender-based violence	SADD	Sex, Age, and Disability Disaggregated
IDPs	Internally-displaced persons	SDR	Secondary Data Review
LGBTQ	Lesbian, Gay, Bisexual, Transsexual, and/or Queer	SEA	Sexual Exploitation and Abuse
MENA	Middle East & North Africa	SME	Small & Medium Enterprises
MHM	Menstrual Hygiene Management	SRH	Sexual & Reproductive Health
MHPSS	Mental Health & Psychosocial Support	U.N.	United Nations
MISP	Minimum Initial Service Package	UNHCR	United Nations High Commissioner for Refugees
OPD	Organizations for Persons with Disabilities	WASH	Water, Sanitation, & Hygiene
PPE	Personal Protective Equipment	WHO	World Health Organization



# Executive Summary

The novel coronavirus 2019 (COVID-19) pandemic continues to wreak havoc around the world. As of July 1, 2020, 10,487,022 cases and 511,546 have been recorded in 216 countries.<sup>1</sup> This Rapid Gender Analysis gathers together data from its country offices in the Middle East and North Africa region and beyond (Turkey and Georgia are also included), offering a sobering picture of the pandemic's impact, especially for women and girls. MENA is at a critical stage in containing the pandemic – while some countries have been successful in curtailing the spread by utilizing stringent lockdown measures, other more fragile and conflict-affected countries are seeing spikes in the number of people infected. Widespread conflict, displacement, and migration in the region significantly complicates a managed response to COVID-19, and extreme water scarcity makes preventative measures even more challenging.

Women and girls in MENA, already facing discrimination, now face additional barriers to education, mobility, access to financing and assets, and participation in the labor force and official decision-making as a result of the COVID-19 crisis. Women and girls are experiencing regression in the informal labor market, elevated levels of violence and harassment, and increased care-taking burdens for out-of-school children, and sick and elderly family members.

Levels of psychosocial distress – already high in a volatile region – are escalating. Gender-based violence (GBV) in the form of domestic violence, early/child and forced marriage, and exploitation have increased in different MENA countries. More adolescent boys and young men are reporting abuse.

## KEY FINDINGS

Deeply-entrenched gender roles in the region have led to an even heavier burden of work on women who typically serve as caregivers for household members, included children doing remote schooling and infected family members.

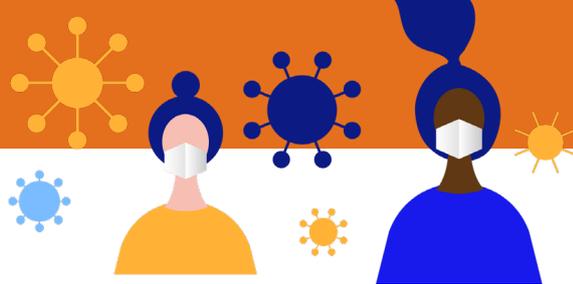
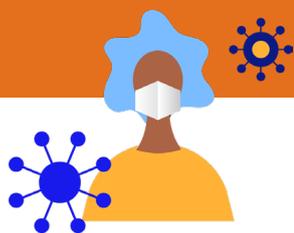
Gains made in women's household and community-level decision-making and leadership are at risk due to the pandemic.

Economic deprivation, psychosocial stress, and stay-at-home measures are leading to substantial increases in intimate partner and domestic violence. The need for service expansion is critical.

There is a need to continue and expand support for sexual and reproductive health services for women and girls, including menstrual hygiene management and pre- and post-natal care.

Water, sanitation, and hygiene materials are severely lacking, particularly in displacement settings, and need to be addressed as a matter of urgency.

Fragile gains in some countries in women's economic participation could be diminished if concerted efforts are not made to ensure economic assistance and flexible modalities for income generation, in conjunction with support for caregiving roles.



Men – with higher COVID-19 mortality rates – are also experiencing the loss of their role as providers, in a context of strict gender roles and stigmatization. Women who are heads of the household or owners of small businesses are facing an uphill struggle.

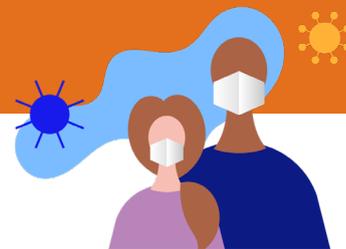
This report seeks to inform response interventions provided by key service providers in the MENA region.

#### Core Recommendations include:

- ➔ Consistently collect and analyze **sex, age, and disability disaggregated (SADD) data** in all preparedness and response interventions.
- ➔ Utilize **gender-specific two-way risk communication in conveying COVID-19 prevention and mitigation strategies** to the public in order to adequately learn about and address misinformation.
- ➔ Prioritize provision of **sexual and reproductive health services and menstrual hygiene materials** in line with the Minimum Initial Service Package (MISP) for women and girls.
- ➔ Continue, expand, and adapt **protection and gender-based violence (GBV) services** as a matter of life-saving urgency.
- ➔ Increase provision of **water, sanitation, and hygiene services** particularly in rural and displaced settings.
- ➔ Take **economic measures** to protect those involved in informal/insecure labor markets such as cash assistance.
- ➔ **Ensure women are involved in leadership and decision making** on COVID-19 response at global, regional, national, and community levels.
- ➔ **Engage men and boys in dialogue** to change social norms and strengthen engagement in caregiving roles.
- ➔ Increase investment in **mental health and psychosocial services**, especially in conflict settings.
- ➔ Adapt **women's economic empowerment** initiatives to promote remote modalities for income generation.



*Lina (name changed) and her family are among those displaced by bombings to northwest Syria. Lina dreams of having a large kitchen equipped with all the kits to help her mother during their displacement. Credit: IHSAN/CARE*



# Introduction

## COVID-19 in the Middle East & North Africa Region

The novel coronavirus 2019 (COVID-19) pandemic was first detected in December 2019 in Hubei Province, China, and has since spread exponentially with over 10.3 million documented cases and 507,435 deaths across 216 countries and territories as of July 1, 2020.<sup>23</sup> While many countries have taken measures to contain the spread of COVID-19, the number of infections continues to grow. Easing up on strict mitigation efforts has increased the spread of the virus, and, in some vulnerable or war-torn countries, a lack of testing and monitoring means the scale of the pandemic is not known.

Older persons and those with pre-existing medical conditions (e.g. asthma, diabetes, and heart disease) are most likely to become severely ill upon contracting the virus, with higher mortality rates among men versus women. Women and girls are being disproportionately impacted in MENA due to lack of access to water, sanitation, and hygiene (WASH) services, declining livelihoods opportunities, disruption of children's education, interruption of life-saving sexual and reproductive health (SRH) services, and observed increases in household violence.

The MENA region<sup>4</sup> has seen a drastic increase in the number of people infected with COVID-19 – now comprising 10% of the world caseload.<sup>5</sup> All MENA countries have documented cases, totaling 359,822 to date,<sup>6</sup> with some countries seeing a potential flattening of infection curve while others are experiencing dramatic spikes. Fractured governance structures in countries like Syria, Yemen, and Palestine further challenge the coordination of adequate testing and response.<sup>7</sup> Countries in the region are experiencing complex emergencies – the region hosts the largest population of refugees in the world<sup>8</sup> – compounded by weakened health infrastructure and disease surveillance capacity. Already widespread economic deprivation such as in Lebanon, which



**As many countries in our region start to ease restrictions, there is a risk that cases will continue to increase. WHO urges all countries easing restrictions to ensure that these measures are implemented following evidence-based risk assessments...this is not the time for any country to take its foot off the pedal."**

**-World Health Organization Director, Eastern Mediterranean Regional Office**

2 World Health Organization Coronavirus (COVID-19) pandemic: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

3 Other sources report higher numbers of cases and deaths, but WHO reporting is utilized here.

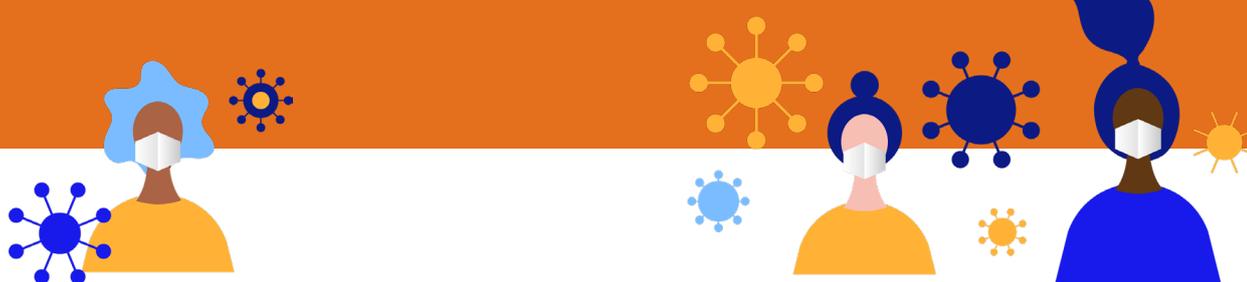
4 While defined in a number of ways, MENA here reflects the countries in which CARE operates within the geographic region: Jordan, Palestine, Lebanon, Iraq, Syria, Yemen, Morocco, Egypt, in addition to Turkey, Caucasus, and Georgia.

5 "Statement by WHO's Regional Director Dr Ahmed Al-Mandhari on the COVID-19 pandemic in the Region," <http://www.emro.who.int/media/news/statement-by-whos-regional-director-dr-ahmed-al-mandhari-on-the-covid-19-pandemic-in-the-eastern-mediterranean-region.html?format=html>

6 Johns Hopkins University, "COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE)," <https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

7 Mercy Corps Humanitarian Access Team, "Situation Report: COVID-19 in areas of Kurdish Self Administration Control, May 20, 2020.

8 World Economic Forum, "These countries are home to the highest proportion of refugees in the world," <https://www.weforum.org/agenda/2019/03/mena-countries-in-the-middle-east-have-the-highest-proportion-of-refugees-in-the-world/>, March 19, 2020.



declared an economic emergency in September 2019,<sup>9</sup> is being worsened by pandemic mitigation measures. Remittances, which represent 14% of GDP in countries across MENA, are expected to drop by 20% as global incomes fall.<sup>10</sup> Economic vulnerability in the region is exacerbated by collapsing oil prices in MENA, correlated with decreased demand, reductions in the labor force, and the disruption of global value chains.<sup>12,13</sup>

Recent months have seen significant religious commemorations in the region; while some countries (Jordan and Palestine) restricted movement, others such as Syria allowed mass gatherings out of a reluctance to disrupt traditions.<sup>14</sup> Substantial internally displaced populations in Yemen, Iraq, and Syria further contribute to the likelihood of rapid transmission of COVID-19 and the potential for increased conflict, with prison riots already noted in northeast Syria<sup>15</sup> and increased raids and arrests in government-controlled areas. Conflict over water or resources resulting from the COVID-19 crisis could result. During the initial stages of the pandemic, many MENA authorities imposed stringent measures to reduce movement, but have since relaxed curfews and fines, resulting in a marked decrease in protective behaviors.<sup>16</sup> In some cases, pandemic response has been characterized by limitations on freedom of speech<sup>17</sup> that call into question accurate reporting of COVID-19 prevalence. The World Health Organization (WHO) drafted a preparedness and response plan for the region on February 2020.<sup>18</sup>

MENA is additionally the most water-scarce region of the world with increasing desertification,<sup>19</sup> complicating vulnerable residents' ability to curb COVID-19 spread in line with global recommendations, such as regular hand washing. Water, sanitation and hygiene (WASH) services are even scarcer in MENA countries experiencing protracted conflict, where millions of people remain in need of emergency WASH assistance prior to the COVID-19 pandemic. These circumstances – more broad than the pandemic itself – illustrate the danger that increased conflict and insecurity could result from the COVID-19 crisis, with disastrous results for the fragile MENA region.

9 CARE Lebanon Rapid Gender Analysis (unpublished draft), May 2020

10 World Bank, "COVID-19 Crisis Through a Migration Lens: Migration and Development Brief 32," April 2020, <http://documents.worldbank.org/curated/en/989721587512418006/pdf/COVID-19-Crisis-Through-a-Migration-Lens.pdf>

11 Mercy Corps Humanitarian Access Team, "Situation Report: COVID-19 in areas of Kurdish Self Administration Control, May 20, 2020.

12 CARE Iraq Rapid Gender Analysis (unpublished draft), June 2020

13 VOX, "Coping with a dual shock: COVID-19 and oil prices" <https://voxeu.org/article/coping-dual-shock-covid-19-and-oil-prices>, April 1, 2020

14 Ibid.

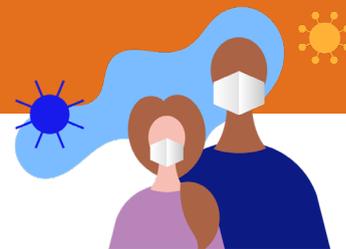
15 Ibid.

16 CARE Egypt Rapid Gender Analysis (unpublished draft), May 2020. This RGA is limited in nature to those who are interacting with CARE operations and its results cannot be extrapolated to all refugees in the country.

17 Mercy Corps Humanitarian Access Team, "Situation Report: COVID-19 in areas of Kurdish Self Administration Control, May 20, 2020.

18 WHO, "Coronavirus disease 2019 (COVID-19) strategic preparedness and response plan: Accelerating readiness in the Eastern Mediterranean Region," <http://applications.emro.who.int/docs/EMCSR260E.pdf?ua=1>, February 2020.

19 The Water Project, "Water in Crisis - Middle East," <https://thewaterproject.org/water-crisis/water-in-crisis-middle-east>



## Rapid Gender Analysis objectives & methodology

This Rapid Gender Analysis (RGA) for the MENA region has the following key objectives:

- To identify and analyze the different impacts of the COVID-19 pandemic, both current and potential, on women, men, girls and boys and other vulnerable demographics in the MENA region;
- To provide a repository of available secondary resources to inform country-specific RGA exercises;
- To inform COVID-19 response interventions in the region that are sensitive to the needs of women, men, girls, and boys, with a focus on GBV, WASH, SRH, livelihoods and women's economic empowerment.

The RGA, updated from April to June 2020, yields information about the different needs, capacities and coping strategies of women, men, girls and boys during the COVID-19 pandemic. Such RGAs are built up progressively to monitor changes during a crisis; the current RGA should be read in conjunction with CARE International's Policy Brief, "Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings"<sup>20</sup> and CARE International and the International Rescue Committee's Global Rapid Gender Analysis for COVID-19.<sup>21</sup>

The RGA is primarily a programmatic document that contributes to better understanding of gender roles and relations and provides practical operational recommendations. The study utilizes secondary data review (SDR) comprising both country-specific and regionally-available resources from government, humanitarian, and health sector stakeholders. The RGA benefited from CARE International's adapted RGA Toolkit for COVID-19, including guidance for SDR.

## Demographic profile

### SEX AND AGE DISAGGREGATED DATA

The MENA region hosts roughly 6% of the world's population<sup>22</sup> (Egypt and Turkey constitute the most populous countries in the region), and is both dense and culturally and linguistically diverse, spanning three continents. It is a hub for international travel with high rates of migration to, from, and within the region. Roughly 36% of the population is under the age of 19,<sup>23</sup> with an average life expectancy of 71 for men and 74 for women.<sup>24</sup> An average of nine percent of persons in MENA are living with a disability, including a substantial increase in conflict-related injuries over the past decade. In Syria, as many as 27% of the population lives with a disability.<sup>25</sup>

An average of 15% of households in the region are female-headed, with substantial differences in Yemen and Syria, where about one-third of households are headed by females. Rates of GBV, such as intimate partner violence, so-called "honor killings," early child marriage, female genital mutilation, and sexual assault are particularly high, even while acknowledging typically low levels of reporting and support-seeking by survivors due to cultural stigmas.

20 CARE International. Gender Implications of COVID-19 Outbreaks in Development and Humanitarian Settings, March 16, 2020, available at [https://www.care-international.org/files/files/Gendered\\_Implications\\_of\\_COVID-19-Full\\_Paper.pdf](https://www.care-international.org/files/files/Gendered_Implications_of_COVID-19-Full_Paper.pdf)

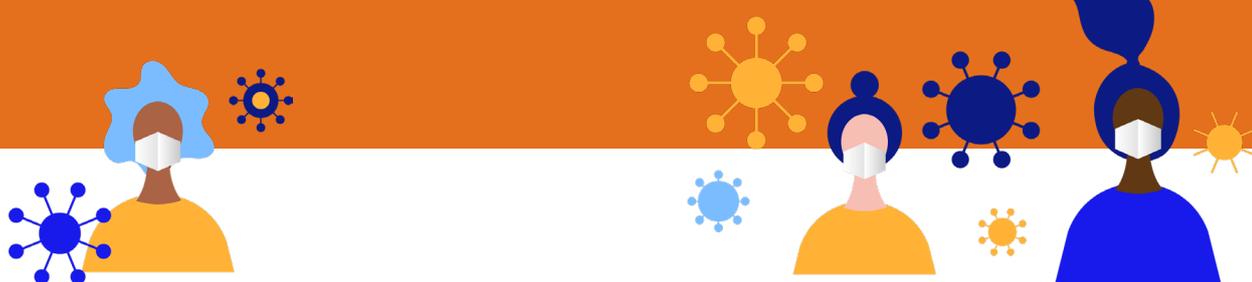
21 CARE International and International Rescue Committee, Global Rapid Gender Analysis for COVID-19, March 31, 2020. available at [https://insights.careinternational.org.uk/images/documents/rapid-gender-analysis/GiE\\_learning\\_Global\\_RGA\\_COVID\\_March2020.pdf](https://insights.careinternational.org.uk/images/documents/rapid-gender-analysis/GiE_learning_Global_RGA_COVID_March2020.pdf)

22 UNICEF, "WASH: Water, Sanitation and Hygiene," <https://www.unicef.org/mena/wash>

23 United Nations, World Population Prospects - Department of Economic and Social Affairs, "Population Dynamics. Estimates for 2020," Accessed April 7, 2020, <https://population.un.org/wpp/Download/Standard/Population/>

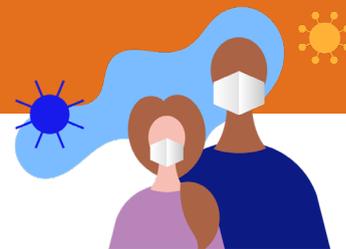
24 See World Life Expectancy website, <https://www.worldlifeexpectancy.com>

25 Humanitarian Needs Assessment Program (HNAP), "Disability: Prevalence and impact, Syrian Arab Republic," 2020


**Table 1: Shows Sex and Age Disaggregated Data from selected countries in the MENA region<sup>26</sup>**

Sex and Age Disaggregated Data										
<b>Egypt</b>	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
	Age 0-9		Age 10-19		Age 20 -59		Age 60+		Total #/%	
%	49%	52%	49%	51%	50%	50%	54%	46%	50%	50%
#									50,632,000	51,702,000
<b>Georgia</b>	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
	Age 0-9		Age 10-19		Age 20 -59		Age 60+		Total #/%	
%	48%	52%	47%	53%	51%	49%	60%	40%	52%	48%
#									1,932,600	1,790,900
<b>Iraq</b>	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
	Age 0-9		Age 10-19		Age 20 -59		Age 60+		Total #/%	
%	49%	51%	49%	51%	50%	50%	54%	46%	50%	50%
#									38,959,000	39,282,000
<b>Jordan</b>	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
	Age 0-9		Age 10-19		Age 20 -59		Age 60+		Total #/%	
%	49%	51%	49%	51%	49%	51%	53%	47%	50%	50%
#									5,037,000	5,166,000
<b>Lebanon</b>	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
	Age 0-9		Age 10-19		Age 20 -59		Age 60+		Total #/%	
%	48%	52%	48%	52%	50%	50%	52%	48%	50%	50%
#									3,391,000	3,436,000
<b>Morocco</b>	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
	Age 0-9		Age 10-19		Age 20 -59		Age 60+		Total #/%	
%	49%	51%	49%	51%	51%	49%	52%	48%	50%	50%
#									18,594,000	18,316,000
<b>Palestine</b>	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
	Age 0-9		Age 10-19		Age 20 -59		Age 60+		Total #/%	
%	49%	51%	49%	51%	49%	51%	52%	48%	50%	50%
#									2,514,000	2,587,000
<b>Syria</b>	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
	Age 0-9		Age 10-19		Age 20 -59		Age 60+		Total #/%	
%	49%	51%	49%	51%	50%	50%	54%	46%	50%	50%
#									8,741,000	8,760,000
<b>Turkey</b>	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
	Age 0-9		Age 10-19		Age 20 -59		Age 60+		Total #/%	
%	49%	51%	49%	51%	50%	50%	57%	43%	51%	49%
#									42,703,000	41,635,000
<b>Yemen</b>	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
	Age 0-9		Age 10-19		Age 20 -59		Age 60+		Total #/%	
%	49%	51%	49%	51%	50%	50%	54%	46%	50%	50%
#									14,800,000	15,025,000

26 United Nations, World Population Prospects - Department of Economic and Social Affairs, "Population Dynamics. Estimates for 2020," Accessed April 7, 2020, <https://population.un.org/wpp/Download/Standard/Population/>



# Findings & analysis

The COVID-19 pandemic has already impacted women and girls disproportionately in MENA. Females' traditional role as caregiver has been magnified, resulting in increased labor and responsibilities in situations of economic shutdown, school closures, and front-line healthcare provision. Gender roles are deeply entrenched in the region, and while advancements have been made in gender equality and women's leadership in recent decades, such gains are at risk given male-dominated governance structures and current limitations in civil society engagement. Access to SRH, including maternal health services, was already limited in many countries, in part owing to restrictive gender norms. These services are now increasingly inaccessible.

Women, with greater involvement in informal and insecure labor,<sup>27</sup> are being hurt disproportionately by mitigation measures, and gender inequalities in the formal labor market are becoming more entrenched. Men's are feeling increased insecurity outside the home, and their inability to fulfill the traditional role of breadwinner appears to be increasing tensions and violence in the home. Women are also disproportionately underrepresented in leadership and decision-making for the pandemic response, their absence directly impacting the lives of women and girls throughout the region as needed services and supplies are missed.

“  
**The coronavirus has taken women back in time... Women are no longer able to go out or to work, which means it is taking away from the strength they've acquired. It's taking away from our confidence and independence.”**

**-Iman Al-Sin, 32-year-old Syrian refugee residing in Jordan**

## Gender Roles and Responsibilities

### CONTROL OF RESOURCES AND HOUSEHOLD DECISION-MAKING

While in many MENA countries, women have legal rights to property ownership, financial services, employment, and inheritance, traditionally-bound attitudes and perspectives mean that in practice there are still substantial restrictions to women's access to land, major assets, and capital for income generation.<sup>28 29</sup> The COVID-19 crisis has in some cases impacted household decision-making trends, with some men and women in Jordan<sup>30</sup> reporting financial decisions being made collaboratively (though not decisions on social issues such as women's mobility). Similar changes were not noted in Palestine.<sup>31</sup> Prior to the pandemic, trends indicated that women's increased involvement in the workforce correlate to

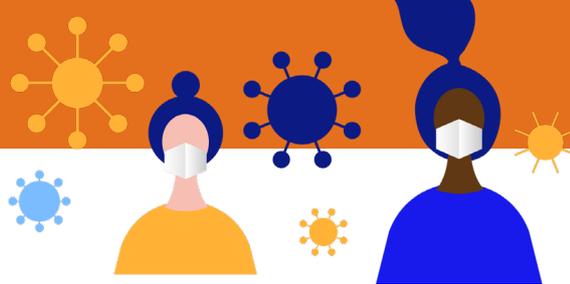
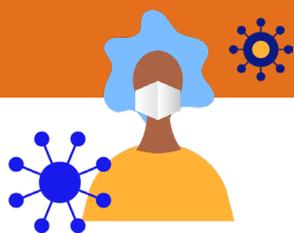
27 UN Women, “Gender and COVID-19 in the Arab States: Statement by Dr. Moez Doraid, UN Women Regional Director a.i. for the Arab States,” <https://arabstates.unwomen.org/en/news/stories/2020/03/statement-rd-moez-doraid-gender-and-covid-19-in-the-arab-states>, March 26, 2020

28 CARE Gender in Brief Iraq, 2016, available at <https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/GiB%20Iraq%20%28CARE%20Oxfam%29-1.pdf>

29 Rapid Gender Analysis, Northeast Syria, October 2018, Syria Resilience Consortium, <https://www.careevaluations.org/wp-content/uploads/Rapid-Gender-Analysis-Report-North-West-Syria-CARE-Turkey.pdf>

30 CARE Jordan Rapid Gender Analysis (unpublished draft); June 2020

31 CARE Palestine, “Early gender impacts of the COVID-19 pandemic,” April 2020, <http://www.careevaluations.org/evaluation/palestine-west-bank-gaza-rapid-gender-assessment-early-gender-impacts-of-the-covid-19-pandemic-full-report/>



increased participation in decision-making<sup>32</sup> particularly in areas where conflict settings alter women's productive roles.<sup>33,34</sup> The impact of COVID-19 on men's ability to contribute to income and corresponding household dynamics has kept many families trapped in traditional patriarchal decision-making patterns,<sup>35</sup> with 64% of women in Lebanon reporting no personal source of income and dependence on their spouse.<sup>36</sup> Women's economic resilience is facing new challenges.

### DIVISION OF LABOR

Very generally, the division of labor between men and women in MENA is sharply divided, with women responsible for household or reproductive tasks, and men in charge of income-generating activities. In one reflection of this situation, MENA's dismal female labor force participation rate is actually in decline.<sup>37</sup> COVID-19 has further entrenched gender roles, with the expectation that women and girls will care for children, the sick, and the elderly. In Turkey, 100% of women noted that their role caring for the elderly had increased.<sup>38</sup> This also disproportionately impacts teenage girls, who in Egypt are being pulled out of school for caregiving responsibilities.<sup>39</sup> In Lebanon, 51% of female teens reported increased time spent on household chores.<sup>40</sup>

The number of women in Jordan's cities (versus refugee camps) that spent 3-8 hours a day each on a variety of household tasks nearly doubled after the crisis. Urban males, on the other hand, did not substantially alter their share in household duties, despite weeks in which the family unit was quarantining together at home.<sup>41</sup> Men in Turkey and Egypt indicated greater involvement in making household purchases, largely owing to restrictions placed on women's mobility by family members,<sup>42,43</sup> which could have negative consequences on women's control of resources over time.

In some cases, women are carrying out these additional household tasks at the same time that they are doing income-generating work. Jordan, Palestine, Egypt, and Syria all have made modest gains in female labor force participation, bucking the overall trend in MENA.<sup>44</sup> In conflict-affected countries like Syria, Yemen, and Iraq and those that host substantial refugee

### DECISION-MAKING IN JORDAN POST-COVID-19



**87%**

say changed for the better

81% of  
females



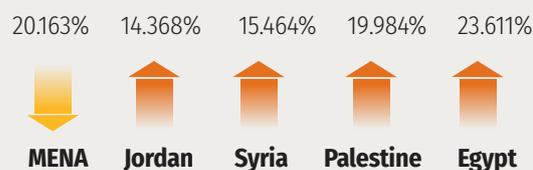
92% of  
males



40% say decisions made jointly

38% say have more control

13%, mostly females, say change negative because spouse interfering



Trajectory of Female Labor Force Participation Rates, 2019

SOURCES: CARE Jordan Rapid Gender Analysis (unpublished draft) & World Bank

32 CARE Gender Analysis, Jordanian Community Development and Support Program, May 2019

33 Syria Resilience Consortium, "Hidden, Overlooked, and at Risk: The role of gender, age, and disability in Syria," September 2019.

34 CARE Gender & Conflict Analysis, Taiz and Aden Governorates, Republic of Yemen, September 2019.

35 CARE Palestine, "Early gender impacts of the COVID-19 pandemic," April 2020.

36 CARE Lebanon, "Rapid Gender Analysis: COVID-19 and beyond" (unpublished draft), May 2020

37 See footnote 46.

38 CARE Turkey, "COVID 19 Impact Assessment" May 2020.

39 CARE Egypt, "Rapid Gender Analysis (unpublished draft), May 2020. This RGA is limited in nature to those who are interacting with CARE operations and its results cannot be extrapolated to all refugees in the country

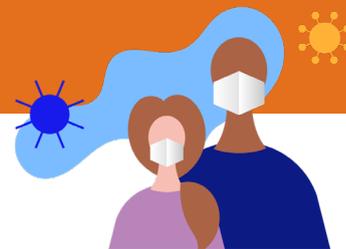
40 PLAN International, "COVID-19: Girls in Lebanon left struggling for food, sanitary pads," <https://plan-international.org/news/2020-04-28-covid-19-girls-lebanon-left-struggling>

41 CARE Jordan Rapid Gender Analysis (unpublished draft), June 2020

42 CARE Egypt, "Rapid Gender Analysis" (unpublished draft), May 2020. This RGA is limited in nature to those who are interacting with CARE operations and its results cannot be extrapolated to all refugees in the country.

43 CARE Lebanon, "Rapid Gender Analysis: COVID-19 and beyond" (unpublished draft), May 2020

44 MENA's female labor force participation rate has actually declined since 2016, from 20.584% to 20.163%. But in Jordan it has risen slightly but steadily since 2013, from 14.86% to 14.386% (2019), in Syria from 15.115% in 2009 to 15.464% in 2019, Palestine from 19.453% in 2016 to 19.984% in 2019 and Egypt in 2017 at 23.495% to 23.611% in 2019. See World Bank.



populations such as Lebanon, Jordan, Turkey, Georgia and the Balkans, violence and displacement have shaken up gender roles and increased women's presence in the workforce.<sup>45</sup> In South Caucasus, women comprise nearly half of the workforce and policy advancements have slightly reduced the gender wage gap.<sup>46</sup> These fragile gains in female participation and parity are now at risk due to the pandemic. Higher proportions of women than men in Lebanon report having lost their jobs.<sup>47</sup> Palestinian women indicate more difficulty finding work and maintaining their small businesses since the pandemic. Women with informal or seasonal work,<sup>48</sup> refugees, and displaced populations are particularly impacted by loss of work opportunities. COVID-19 is likely to make the "MENA Paradox" wherein women's increased education levels do not correlate to increased participation in the formal labor market even more pronounced.<sup>49</sup> Overall, women in the region are expected to lose over 700,000 jobs as a result of COVID-19.<sup>50</sup>

### LIVELIHOODS IN PALESTINE IN THE COVID-19 CRISIS



SOURCE: CARE Palestine, "Early Gender Impacts of the COVID-19 Pandemic"

## Capacity, Participation, and Coping Mechanisms

### CAPACITY OF AFFECTED POPULATIONS

Many countries in MENA are in precarious economic circumstances, where additional loss of livelihoods from the COVID-19 crisis jeopardizes the resilience of households and communities. CARE and UN Women note the particular impact on women- and youth-led businesses, with women business owners reallocating business funds to cover household expenses more frequently than their male counterparts.<sup>51</sup> Female housekeepers in Egypt report having to do double the work load since the pandemic for the same pay they received before.<sup>53</sup>

Economic fragility is exacerbated by water insecurity. In some MENA countries, drought has decreased rain-fed agricultural production needed to meet basic food needs.<sup>54</sup> Women play a role in some aspects of agricultural production, often caring for livestock and producing dairy goods. While men and women in MENA often prefer that women conduct home-based income generating activities,<sup>55</sup> the burden of women's care-giving roles during the COVID-19 crisis is a barrier to these activities. Programming and policies intended to amplify this preference should take into account the disparate time and effort required from women in this new situation.

Cash-based assistance has been prioritized as a tool for humanitarian response in the region as a flexible modality that is less likely to jeopardize local markets. Cash was the number one need prioritized by women in Jordan.<sup>56</sup> Epidemiological

45 Arab Voices blog, "The central role of women in the Middle East and North Africa transition," May 24, 2019, <https://blogs.worldbank.org/arabvoices/central-role-women-middle-east-and-north-africa-transition>

46 World Bank, "Why We Care about Closing Gender Wage Gaps in the South Caucasus," <https://www.worldbank.org/en/news/opinion/2019/03/07/why-we-care-about-closing-gender-wage-gaps-in-the-south-caucasus>

47 CARE Lebanon, "Rapid Gender Analysis: COVID-19 and beyond" (unpublished draft), May 2020

48 CARE Georgia, "COVID Gender Implications," June 2020

49 "Explaining the MENA Paradox: Rising Educational Attainment, Yet Stagnant Female Labor Force Participation," IZA Institute of Labor Economics, March 2018.

50 UN Women, "The Impact of COVID-19 on Gender Equality in the Arab Region," <https://www2.unwomen.org/-/media/field%20office%20egypt/attachments/publications/2020/04/impact%20of%20covid%20on%20gender%20equality%20-%20policy%20brief.pdf?la=en&vs=52>

51 UN Women: Gendered impacts of the pandemic in Palestine and implications for policy and programming; April 2020

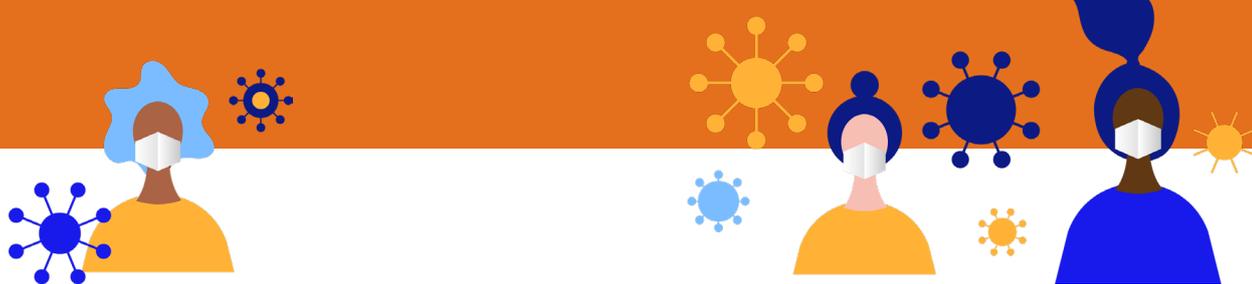
52 CARE Palestine OBADER Rapid Assessment March 2020

53 CARE Egypt, "Rapid Gender Analysis" (unpublished draft), May 2020. This RGA is limited in nature to those who are interacting with CARE operations and its results cannot be extrapolated to all refugees in the country.

54 Atlantic Council, "Climate-resilient small farming communities vital to MENA food security," <https://www.atlanticcouncil.org/blogs/menasource/climate-resilient-small-farming-communities-vital-to-mena-food-security/>

55 CARE Gender Analysis, Jordanian Community Development and Support Program, May 2019

56 CARE Jordan Rapid Gender Analysis (unpublished draft); June 2020



*As part of CARE's response to COVID-19 in Lebanon and to prevent further spread of the virus, CARE staff fill vans with food parcels and hygiene items. Credit: CARE/ Paul Assaker*

studies remain unclear on the likelihood of transmitting COVID-19 through the handling of cash. The potential shift to electronic transfers in lieu of cash may negatively impact conflict settings such as Syria, where financial services are largely nonexistent. In this instance, other precautions in cash transfer programming should be considered.<sup>57,58</sup>

### **WOMEN'S LEADERSHIP AND PARTICIPATION IN PUBLIC DECISION-MAKING**

COVID-19 has further underscored major gender gaps in public leadership in MENA, where the vast majority of ministers of health are men and most response committees to address the pandemic are male-dominated.<sup>59</sup> Women's voices are more prevalent in civil society, but they do not have decision-making authority to influence public policy. This gap has real impact: for example, Gaza's quarantine centers did not have a single female medical or security staff member despite that nearly half of those in quarantine were women.<sup>60</sup>

Some efforts have been made by authorities in the region to strengthen women's role in the COVID-19 response. In Jordan, more female officers are being deployed by the Civil Defense Force to enable a gender-sensitive emergency response, and UN Women is working with the government to ensure gender integration into multisectoral pandemic response management.<sup>61</sup> In Egypt, the National Women's Council provides policy advice on gender-sensitive COVID response to the government,<sup>62</sup>

57 BIS Bulletin, "COVID-19, cash, and the future of payments," <https://www.bis.org/publ/bisbull03.pdf>

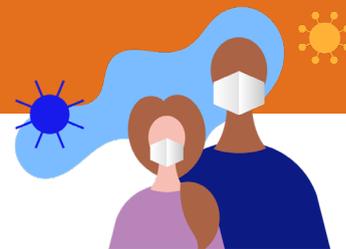
58 "Cash & Voucher Assistance and Gender-Based Violence Compendium: Practical Guidance for Humanitarian Practitioners," [https://gbvguidelines.org/wp/wp-content/uploads/2019/07/CVA\\_GBV-guidelines\\_compendium.FINAL\\_.pdf](https://gbvguidelines.org/wp/wp-content/uploads/2019/07/CVA_GBV-guidelines_compendium.FINAL_.pdf)

59 The Palestinian Authority minister of health is a woman. See Wilson Center, "Women Leaders Needed at the High Table During COVID-19 and Beyond," <https://www.wilsoncenter.org/article/women-leaders-needed-high-table-during-covid-19-and-beyond>

60 CARE Palestine, "Early gender impacts of the COVID-19 pandemic," April 2020, <http://www.careevaluations.org/evaluation/palestine-west-bank-gaza-rapid-gender-assessment-early-gender-impacts-of-the-covid-19-pandemic-full-report/>

61 UN Women, "Women in the Security Sector at the Frontline of the COVID-19 Response," <https://jordan.unwomen.org/en/news/stories/2020/april/women-in-the-security-sector-at-the-frontline-of-the-covid-19-response>

62 CARE Egypt Rapid Gender Analysis (unpublished draft); May 2020. This RGA is limited in nature to those who are interacting with CARE operations and its results cannot be extrapolated to all refugees in the country.



and Kafa (Enough) Violence and Exploitation, a feminist aid organization in Lebanon plays a strong role in COVID-19 response efforts.<sup>63</sup>

At local levels, women-led civil society and women's rights organizations continue to play a prominent role in service provision, information dissemination, and advocacy. In Palestine, networks of women's organizations are leading efforts to increase women's meaningful participation in decision-making on the COVID-19 response.<sup>64</sup> At the same time, these efforts do not equate with a central decision-making role. In Georgia and the Caucasus, implementation of Resolution 1325 on women, peace, and security led by women's groups and activists has been put on hold.<sup>65</sup> Nor is funding finding its way to these organizations: globally, less than 0.1% of COVID-19 funding is going directly to national or local actors.<sup>66</sup> The resulting lack of resources and focus directly impacts women and girls.

Less than 12% of public decision-makers in Palestine are women, and they have minimal participation in COVID-19 response structures.<sup>67</sup> In Lebanon, only three percent of representatives in parliament are women.<sup>68</sup> Currently no guidance is provided on gender composition for rapid response teams within the World Health Organization's (WHO) regional plan.<sup>69</sup> The potential exists in many MENA countries to capitalize on women's rights movements and the localized mobilization of women, but doing so comes at heightened risk in this pandemic and requires adapted means of collective action.



## COPING MECHANISMS

In this COVID-19 crisis, many households in MENA have lost any financial security they had. Families often do not have savings to rely upon, particularly in protracted conflict settings such as Syria, Palestine (particularly Gaza), Yemen, and Iraq. Some are borrowing or taking on debt in order to meet urgent needs, and in areas with broken financial systems such as Lebanon, could be at risk of sexual or other types of exploitation. In Syria, individuals are increasingly enlisting with armed groups and security forces in Syria to gain income.<sup>70</sup> In Iraq, Palestine, Turkey, Jordan, and Lebanon, families are coping by reducing their food consumption – refugees in Lebanon report being more afraid of starvation than contracting COVID-19.<sup>71</sup> In Iraq and Lebanon, early/child marriage was observed, as families sought to cope by reducing the number of people in the family. Respondents in Iraq thought some of these marriages were happening after sexual abuse or exploitation.<sup>72</sup> While men in the region are typically responsible for making decisions regarding borrowing and credit,<sup>73</sup> women's and adolescent boys' engagement in informal labor, particularly in refugee and displacement settings,<sup>74</sup> puts them at unique risk of mistreatment and corruption. In the COVID-19 crisis, this may increase, leading to even higher rates of school interruptions for boys and girls, taking them out of the protective environment of school and exposing them to child labor, exploitation, early marriage or GBV.

63 The New Humanitarian, "Syrian refugee women face new COVID-19 battleground," May 12, 2020, <https://www.thenewhumanitarian.org/news/2020/05/12/Syria-refugee-women-coronavirus-battleground>

64 Covid-19 Response and Recovery: Women Rights Organizations in Palestine and Israel; Kvinna till Kvinna; April 2020

65 CARE Georgia: COVID Gender Implications; June 2020

66 CARE, "Where are the Women?: The Conspicuous Absence of Women in COVID-19 Response Teams and Plans, and Why We Need Them," May 2020

67 CARE Palestine, "Early gender impacts of the COVID-19 pandemic," April 2020, <http://www.careevaluations.org/evaluation/palestine-west-bank-gaza-rapid-gender-assessment-early-gender-impacts-of-the-covid-19-pandemic-full-report/>

68 CARE Lebanon, "Rapid Gender Analysis: COVID-19 and beyond," (unpublished draft), May 2020

69 WHO, <http://applications.emro.who.int/docs/EMCSR260E.pdf?ua=1>

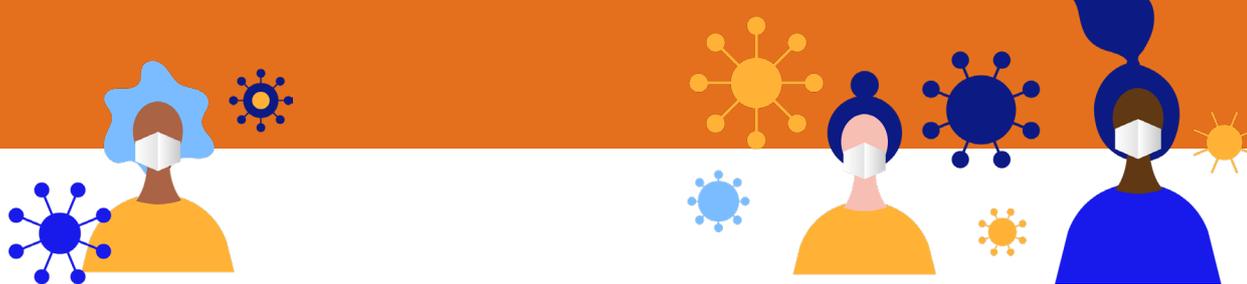
70 Mercy Corps Humanitarian Access Team, "Situation Report: COVID-19 in areas of Kurdish Self Administration Control," May 20, 2020

71 DW, "Syrian refugees in Lebanon more scared of starvation than COVID-19," <https://www.dw.com/en/syrian-refugees-in-lebanon-more-scared-of-starvation-than-covid-19/a-53355378>

72 CARE Lebanon, "Rapid Gender Analysis: COVID-19 and beyond" (unpublished draft), May 2020 & CARE Lebanon Rapid Gender Analysis: COVID-19 and beyond (unpublished draft); May 2020

73 Syria Resilience Consortium, "Rapid Gender Analysis, Northeast Syria," October 2018

74 Jawad, Jones, & Messkoub, "Social Policy in the Middle East & North Africa: The new social protection paradigm and universal coverage," 2019



Conflict, instability, and crisis increase psychosocial distress across demographics – nor is this novel in a region rife with conflict and displacement. However, the dramatic impact of COVID-19 on economic engagement, gender roles, and household confinement has led to an increase in psychological coping mechanisms. These outcomes are more acute among older men and women, men and women with disabilities, and front-line response workers.<sup>75</sup> In Georgia, migrant workers who struggled to reintegrate after returning home also report higher levels of psychosocial distress.<sup>76</sup> In Egypt, unaccompanied and separated children that were surveyed displayed very high levels of anxiety and sleeplessness.<sup>77</sup> Despite the strong stigma in the region surrounding mental health care, CARE Jordan noted increased rates of men and women utilizing their remote psychosocial support services,<sup>78</sup> and seeking support from family. In Palestine, on the other hand, women were much less likely to access mental health services than were men.<sup>79</sup> COVID-19 further exacerbates generational impacts for youth in MENA who have grown up experiencing conflict, displacement, educational disruption, and lacking access to age-appropriate MHPSS support.<sup>80</sup> Even where services are available, many men, in particular, demonstrate reticence to avail of such opportunities.<sup>81</sup>



**The MENA region hosts the largest population of refugees and displaced persons, with over five million refugees originating from Syria alone.”**

**–UNHCR Middle East & North Africa Civil Society Network for Displacement**

## Access to Services & Information

### MOBILITY ANALYSIS

Many governments in the region imposed strict regulations against public gatherings at the first sign of an outbreak; some implemented a total shut-down, requiring the public to stay at home. Jordan imposed the most stringent measures, levying fines, potential imprisonment<sup>82</sup> and seizing of private property<sup>83</sup> to curfew-breakers. More recently, such measures have been loosened alongside greater access to public services. Fines and other disciplinary measures have been reduced, although lax implementation of mitigation guidelines raises fears of increased infection.

In many MENA countries and communities, women do not enjoy complete access to public space – or even, in some cases, the space outside their home or immediate community. These restrictions stem from cultural expectations and taboos, the risk of harassment, and insecurity, and are more acute in religiously conservative communities and conflict-affected areas where women are expected to be accompanied by either a male relative or travel in groups. The COVID-19 pandemic, characterized by stay-at-home measures, childcare responsibilities, and closer oversight by male heads of household, further tie women to the home. Mobility constraints are even more extreme for adolescent girls.<sup>84</sup> In some areas, men take opportunities to move more freely, while criticizing women for leaving the home and risking the family's wellbeing.<sup>85</sup>

In conflict areas such as Syria, men of conscription age face forced recruitment into military or armed groups, and their safety can be at risk when passing through checkpoints. In this pandemic, they find their movement even more limited.

75 <https://interagencystandingcommittee.org/system/files/2020-03/MHPSS%20COVID19%20Briefing%20Note%20%20March%202020-English.pdf>

76 CARE Georgia, “COVID Gender Implications,” June 2020

77 CARE Egypt, “Rapid Gender Analysis” (unpublished draft), May 2020. This RGA is limited in nature to those who are interacting with CARE operations and its results cannot be extrapolated to all refugees in the country.

78 CARE Jordan, “Rapid Gender Analysis,” (unpublished draft), June 2020

79 CARE Palestine, “Early gender impacts of the COVID-19 pandemic,” April 2020, <http://www.careevaluations.org/evaluation/palestine-west-bank-gaza-rapid-gender-assessment-early-gender-impacts-of-the-covid-19-pandemic-full-report/>

80 *Harvard Humanitarian Initiative*, “Examining the needs of at-risk youth in the Middle East and North Africa: A multi-method landscape analysis and systematic literature review,” [https://hhi.harvard.edu/sites/default/files/publications/final\\_harvard\\_report\\_-\\_mena\\_youth\\_in\\_crisis\\_landscape\\_study.pdf](https://hhi.harvard.edu/sites/default/files/publications/final_harvard_report_-_mena_youth_in_crisis_landscape_study.pdf)

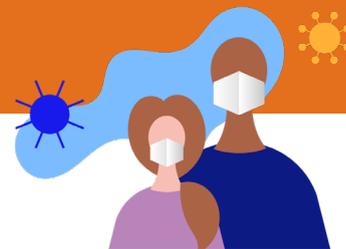
81 Syria Resilience Consortium, “Rapid Gender Analysis, Northeast Syria,” October 2018

82 CBS News, “Drastic, early action seems to keep a lid on Jordan’s COVID-19 outbreak,” <https://www.cbsnews.com/news/coronavirus-in-jordan-seemingly-kept-in-check-by-drastic-early-lockdown-measures/>

83 *The Economist*, “As covid-19 spreads, Arab states are clamping down,” March 26, 2020, <https://www.economist.com/middle-east-and-africa/2020/03/26/as-covid-19-spreads-arab-states-are-clamping-down>

84 Jawad, Jones, & Messkoub, 2019

85 CARE Yemen staff, April 6, 2020



MENA is also characterized by moving populations of refugees, IDPs, migrants, and asylum seekers across irregular border crossings that are difficult to track.<sup>86</sup> Displaced or migrant women and men may be waiting for residency documents, as the pandemic has increased bureaucratic procedures and processing timelines.<sup>87</sup> People continue to move especially between Turkey, Greece, Syria, and Iraq, making tracking the spread of COVID-19 exceedingly difficult. At the same time, travel restrictions and formal border closures imposed by countries in the region are severely hindering humanitarian service provision,<sup>88</sup> increasing risk for those who must seek out informal routes, and magnifying the chances of family separation. In Iraq, travel between governorates is restricted without a permit indicating an urgent health need, and quarantine measures imposed pending COVID-19 testing results. These measures pose particular challenges to women and girls who also cannot travel to another governorate without accompaniment.<sup>89</sup>

## ACCESS TO INFORMATION

Men and women in MENA tend to receive and share information in different ways, with men having more access to official communications from local authorities and public spaces, and women and adolescent girls sharing information by word-of-mouth through informal social networks. CARE's RGAs in Palestine and Egypt note that during the pandemic, most prefer to hear news on TV/radio and social media (women preferring the latter). COVID-19 physical distancing measures have made it even more difficult to pass information to and consult with marginalized communities, including those without access to technological means of communication. In Egypt, 38% reported not having such access, particularly minority populations,<sup>90</sup> and women living near conflict territories in Georgia note problems with internet and other communication means.<sup>91</sup> In Lebanon, it is estimated that only one in three women have access to a private phone.<sup>92</sup> IDPs, refugees, and ethnic minorities have even greater hurdles to communication tools, due to linguistic, financial, and regulatory limitations.<sup>93</sup>

The sharing of misinformation is a risk, with Egypt's state-run television reportedly broadcasting unsubstantiated rumors and Syria health workers prevented from distributing information on prevalence rates that contradicts central authorities.<sup>94</sup> Other governments in the region have taken measures to limit or control the flow of information, such as in Morocco where people are detained if perceived to be spreading rumors. In Jordan and Egypt, restrictions have been placed on journalistic reporting.<sup>95</sup> Literacy rates in the region have progressed in recent decades and are relatively high, particularly among youth who are optimal resources to share accurate information on COVID-19. Literacy gaps are observed among older populations (also more vulnerable to the pandemic) and attention must be paid to communication modalities for persons with cognitive disabilities or other constraints.<sup>96</sup>

## WASH & HEALTH SERVICES

The availability of sufficient and quality healthcare supplies and services varies widely throughout the region. Some countries have solid public health systems, and other conflict-affected countries such as Syria, Palestine, Yemen, and Iraq suffer from the long-term deterioration of medical infrastructure in areas where governance systems and medical supply chains have broken down.<sup>97,98</sup> Health facilities have been targeted and qualified health personnel, particularly women health workers, have fled Yemen and Syria.<sup>99</sup> COVID-19 mitigation efforts have exacerbated this situation, as border closures (for

86 IOM, "Migrants' Presence Monitoring Turkey: Situation Report," February 2020

87 *The New Humanitarian*, "Syrian refugee women face new COVID-19 battleground," May 12, 2020, <https://www.thenewhumanitarian.org/news/2020/05/12/Syria-refugee-women-coronavirus-battleground>

88 NES Forum, Impact of COVID-19 movement restrictions on the provision of humanitarian assistance in northeast Syria, March 2020

89 CARE Iraq Rapid Gender Analysis (unpublished draft), June 2020

90 CARE Egypt Rapid Gender Analysis (unpublished draft), May 2020. This RGA is limited in nature to those who are interacting with CARE operations and its results cannot be extrapolated to all refugees in the country.

91 CARE Georgia, "COVID Gender Implications," June 2020

92 CARE Lebanon, "Rapid Gender Analysis: COVID-19 and beyond" (unpublished draft), May 2020

93 UNHCR, "Displaced and Disconnected," <https://www.unhcr.org/innovation/wp-content/uploads/2019/04/Displaced-Disconnected-WEB.pdf>

94 Mercy Corps Humanitarian Access Team, "Situation Report: COVID-19 in areas of Kurdish Self Administration Control," May 20, 2020

95 *The Economist*, "As covid-19 spreads, Arab states are clamping down," March 26, 2020, <https://www.economist.com/middle-east-and-africa/2020/03/26/as-covid-19-spreads-arab-states-are-clamping-down>

96 *Jerusalem Post*, "Arab world turns page on literacy," May 15, 2019, <https://www.jpost.com/middle-east/arab-world-turns-page-on-literacy-589769>

97 Reuters, "The medical crisis that's aggravating Iraq's unrest," March 2, 2020, <https://www.reuters.com/investigates/special-report/iraq-health/>

98 Human Rights Watch, "Lebanon: COVID-19 Worsens Medical Supply Crisis," March 24, 2020, <https://www.hrw.org/news/2020/03/24/lebanon-covid-19-worsens-medical-supply-crisis#>

99 *Conflict & Health*, "Review of attacks on health care facilities in six conflicts of the past three decades," May 2, 2018, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5930682/>



*CARE implements food distribution in Ibb of Yemen, with separate queues for men and women, and social distancing and hand sanitizer implemented to prevent the spread of COVID-19.*

example, to northeast Syria) hinder the transport of critical medical supplies. A ban by the Kurdish Regional Government of Iraq on the local purchase and importation of personal protective equipment (PPE), expected to cause a minimum 20% increase in importation costs, as well as significant delays in reaching affected populations.<sup>100</sup>

Turkey was reported as having the greatest acceleration of infection in the region as a result of a mismanaged health system. “It is evident that hospitals in [Istanbul] have not prepared adequately in the two and a half months since the virus first came into the spotlight,” stated the Istanbul Chamber of Physicians.<sup>101</sup> Similar mismanagement is noted in Lebanon and Iraq, which lacks financial and technical resources needed in the pandemic; only 2.5% of revenue in Iraq is allocated to the health system.<sup>102</sup> The disproportionate representation of women in frontline health positions puts them at greater risk of contracting the virus. In Palestine, many essential drugs and medical disposables stockpiled by the Ministry of Health have been completely depleted, and escalations in violence in Gaza have further weakened a health system near collapse.<sup>103</sup>

Women and girls in MENA face additional challenges accessing healthcare, given that it is often culturally unacceptable for women and girls to be in mixed sex spaces without male relatives, or in situations where a female health worker is not available.<sup>104</sup> As stated above, more than 45% of those staying in Gaza quarantine centers are women, while the medical and security staff stationed there are all male.<sup>105</sup> These norms also limit women and – in particular, adolescent girls’ – mobility and decision-making in accessing sexual and reproductive health services.<sup>106</sup>

The gendered impact of COVID-19 on sexual and reproductive health and menstrual health management (MHM) services is therefore of grave concern to the region, as “when health services are overstretched, women’s access to pre- and post-natal health care and contraceptives dwindle,”<sup>107</sup> leading to a rise in unintended pregnancies.<sup>108</sup> A UNFPA analysis suggests

100 Ibid

101 Institute for Contemporary Affairs, “The Impact of Covid-19 on the Middle East and North Africa,” April 12, 2020, <https://reliefweb.int/report/world/impact-covid-19-middle-east-and-north-africa>

102 Ibid

103 CARE Palestine (West Bank & Gaza) Emergency Preparedness Planning, December 2019

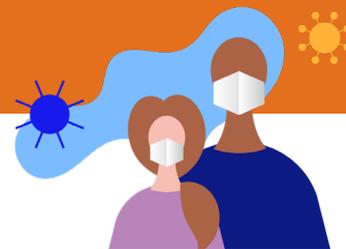
104 GBV Sub-Cluster COVID-19 Guidance Note, Iraq, March 2020

105 CARE Palestine, “Early gender impacts of the COVID-19 pandemic,” April 2020, <http://www.careevaluations.org/evaluation/palestine-west-bank-gaza-rapid-gender-assessment-early-gender-impacts-of-the-covid-19-pandemic-full-report/>

106 UNFPA, “A strategy to address the needs of adolescent girls in the Whole of Syria, November 2017 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5930682/>

107 UN Women, “Paying attention to women’s needs and leadership will strengthen COVID-19 response,” <https://arabstates.unwomen.org/en/news/stories/2020/03/news-womens-needs-and-leadership-in-covid-19-response>

108 CARE Egypt Rapid Gender Analysis (unpublished draft), May 2020. This RGA is limited in nature to those who are interacting with CARE operations and its results cannot be extrapolated to all refugees in the country.



that COVID-19 shut-downs and other barriers to accessing reproductive health services could result in 325,000 to 15 million unwanted pregnancies worldwide, depending on the length of time and/or difficulty families have in attaining modern family planning methods.<sup>109</sup> Women and girls are going without essential menstrual supplies as a result of hoarding and disruptions in supply chains due to the pandemic. In Lebanon, 35% of adolescent girls (mostly Syrian refugees) reported not having access to menstrual supplies, and 66% reported not having the financial means to purchase MHM materials.<sup>110</sup> Forty-seven percent of Syrian refugee women in Turkey report their feminine hygiene needs are not being met – more than double the proportion of Turkish women with unmet needs.<sup>111</sup> Also in Jordan, 55% of urban females and 24% of female camp residents said they had unmet menstrual hygiene needs.<sup>112</sup>

It should be noted that in past epidemics, the diversion of resources away from SRH have resulted in significant impact on maternal morbidity and mortality. Life-saving SRH services are critical and essential, including clinical management of rape, family planning and emergency obstetric and newborn care.<sup>113</sup> In Lebanon, 83% of women reported not accessing SRH services due to fear of COVID-19 transmission.<sup>114</sup> Women are reportedly concerned without reason that breastfeeding could lead to contracting the virus, with implications for newborn health. Supplies and facilities to enable women's and girls' MHM and family planning were previously insufficient prior to the pandemic,<sup>115</sup> and care must be taken that they are not deprioritized in favor of other "essential" health materials needed to combat the virus.

MENA's limited water supply, coexisting diseases such as cholera in Yemen,<sup>116</sup> and uneven availability of private gender-sensitive WASH facilities, particularly in the context of over-crowded camp and urban living conditions put the region's people at greater risk from COVID-19. In some displacement settings in northwest Syria, up to 91% reported no access to soap, and 45% of sites did not have any latrines.<sup>117</sup> Moreover, increased demand is causing conflict between IDPs and host communities there, as well as among camp residents in Jordan.<sup>118</sup> While advancements in water infrastructure in countries like Egypt and Morocco are significant, there remain major geographic and social disparities in access that disproportionately impact rural and impoverished populations.<sup>119,120</sup>

### THOSE WITHOUT FEMININE HYGIENE PRODUCTS

~1 in 3 adolescent girls (mostly Syrian refugees)	Lebanon
~1 in 2 Syrian refugee women	Turkey
~1 in 2 urban females (refugees & Jordanians)	Jordan
1 in 5 female camp residents	

SOURCE: "The New Humanitarian" & CARE country offices

109 UNFPA, "Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage, 27 April 2020.

110 *The New Humanitarian*, "Syrian refugee women face new COVID-19 battleground," May 12, 2020, <https://www.thenewhumanitarian.org/news/2020/05/12/Syria-refugee-women-coronavirus-battleground>

111 CARE Turkey COVID 19 Impact Assessment; May 2020

112 CARE Jordan, "Rapid Gender Analysis," (unpublished draft), June 2020

113 McQuilkin, Patricia A et al. "Health-Care Access during the Ebola Virus Epidemic in Liberia." *The American journal of tropical medicine and hygiene* vol. 97,3 (2017): 931-936. doi:10.4269/ajtmh.16-0702, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5590567/>

114 PLAN International, "COVID-19: Girls in Lebanon left struggling for food, sanitary pads," <https://plan-international.org/news/2020-04-28-covid-19-girls-lebanon-left-struggling>

115 UNICEF, "Menstrual Hygiene Management "MHM" Programme Enables Palestinian Girls to Reach Their Full Potential," <https://www.unicef.org/mena/media/4961/file/SoP-MHMReport-June2019.jpg.pdf>

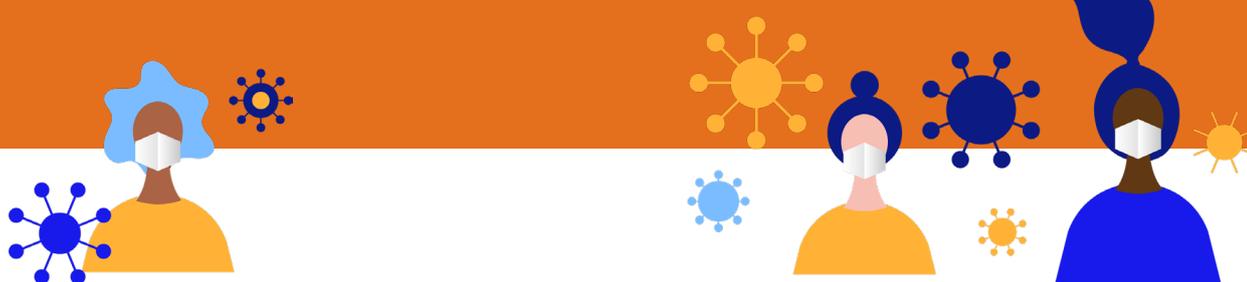
116 *The Independent*, "People don't realise what is coming: How a coronavirus crisis would unfold in war-torn Syria, Yemen or Libya," April 1, 2020, <https://www.independent.co.uk/news/world/middle-east/coronavirus-syria-yemen-libya-cases-update-death-toll-doctors-a9440486.html>

117 CARE Rapid WASH Assessment, Northwest Syria, March 2020

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119 UNICEF webpage, "Water Sanitation & Hygiene," accessed June 29, 2020, <https://www.unicef.org/egypt/water-sanitation-and-hygiene>

120 UN Water, "Morocco: Sanitation, drinking-water and hygiene status overview," [https://www.who.int/water\\_sanitation\\_health/monitoring/investments/morocco-10-nov.pdf](https://www.who.int/water_sanitation_health/monitoring/investments/morocco-10-nov.pdf)



Also, rates of tobacco smoking and waterpipe usage in MENA are very high among both men and women, and often done in social settings. This increases the risk of viral transmission and also increases the likelihood of cardiovascular and respiratory complications, which are correlated with more acute infection and death from COVID-19.<sup>121</sup> The lifting of curfews and physical distancing measures has led to more social smoking behavior in urban areas.

## Protection

### GENDER-BASED VIOLENCE

While there are gaps in available data on prevalence rates of some forms of gender-based violence (GBV) in MENA, the largest proportion of reported incidences of GBV involve intimate partner or domestic violence, and early/forced marriage.<sup>122</sup> Due to strong stigmas, very little data is available on GBV against men and boys, LGBTQ populations, and sex workers, however, experience from previous crises indicates that it is happening and demands prevention, mitigation, and response mechanisms.

Across the region, women's legal, social, and economic rights are lacking despite progress made by activist movements over the past few decades.<sup>123</sup> This increases women and girls' risk of GBV. GBV prevalence in MENA has also been exacerbated by wide-scale conflict and displacement, and appears to be increasing due to COVID-19. The economic impact of the virus and harsh movement restrictions increased tensions in the home, and the loss of household income increases the risk of exploitation and abuse for women<sup>124</sup> and early/child marriage (with resulting poor outcomes from early pregnancy) among girls.<sup>125</sup> In Turkey, 82% of those surveyed reported increased violence in the home, and 61% reported increased intimate partner violence.<sup>126</sup> Along with escalated rates of intimate partner violence, quarantine and lockdown circumstances mean that women experiencing intimate partner violence may typically be stuck inside the home with their abuser, without access to a phone.<sup>127</sup> In Jordan, women and girls were believed to face increased safety concerns at home, while men and boys were more at risk outside the home, including conflict with employers or at water collection sites.<sup>128</sup> (Still, nearly half of men said there were also increased safety concerns for men and boys inside the home, and in Palestine, calls to a help hotline increased initially after the shut-down as a result of increased calls from young men and boys. Egypt also saw a trend in domestic violence against boys, although underreported.)

COVID-19 movement restrictions significantly impede women's and girls' ability to access already limited GBV services, including safe spaces, shelters or medical and psychosocial services. In Jordan, which implemented extremely strict measures, protection hotline calls dropped in volume, purportedly due to a new lack of privacy. While at home with an abuser, it is more difficult to report by phone. In Palestine, when hotline hours were extended, calls from women (instead of young men and boys) subsequently increased. Women in Jordan report being more likely to seek support from a family member if subjected to violence as opposed to men, who would go to the police.<sup>129</sup>



**For many women and girls, the threat looms largest where they should feel safest: in their own homes... I urge all governments to put women's safety first as they respond to the pandemic."**

**-U.N. Secretary-General Antonio Guterres**

121 WHO, "Tobacco and waterpipe use increases the risk of COVID-19," <http://www.emro.who.int/tfi/know-the-truth/tobacco-and-waterpipe-users-are-at-increased-risk-of-covid-19-infection.html>

122 USAID, "Countering Gender Based Violence Initiative – MENA," <https://banyanglobal.com/wp-content/uploads/2018/02/MENA-Context-Analysis.pdf>

123 Ibid.

124 GBV Sub-Cluster COVID-19 Guidance Note; Iraq; March 2020

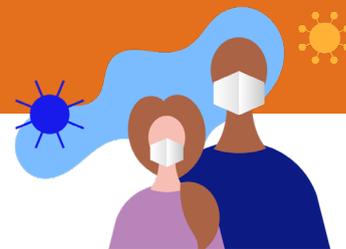
125 CARE Egypt Rapid Gender Analysis (unpublished draft); May 2020. This RGA is limited in nature to those who are interacting with CARE operations and its results cannot be extrapolated to all refugees in the country.

126 CARE Turkey COVID 19 Impact Assessment; May 2020

127 UN News, "UN chief calls for domestic violence 'ceasefire' amid 'horrifying global surge,'" April 6, 2020, <https://news.un.org/en/story/2020/04/1061052>

128 CARE Jordan Rapid Gender Analysis (unpublished draft); June 2020

129 CARE Jordan Rapid Gender Analysis (unpublished draft); June 2020



Displaced and refugee populations in MENA face greater exposure to violence and abuse and greater challenges in accessing information due to their separation from social support systems. This also impacts their ability to receive accurate information on GBV service availability, correct guidance on protection from COVID-19, and how to handle abuse, harassment, or violence in their home and community. While some countries have hotline services for survivors to access under the current conditions, these are often insufficient to meet the overall demand and may exclude the poor and rural residents with insufficient access to phones – or whose means of communication are controlled by the perpetrator. Women with disabilities can be up to four times more likely to experience intimate partner violence (and even more likely among those with intellectual and cognitive disabilities), and can be further constrained in seeking services, as they may rely on their abuser for mobility.<sup>130</sup>

### SEXUAL EXPLOITATION & ABUSE

Public health emergencies, such as the current pandemic, have been seen to dramatically increase the potential for sexual exploitation and abuse (SEA) in part, given the high demand for services in a context of limited resources, as well as the increase in new responders who may not have experience and training in humanitarian do no harm principles.<sup>131</sup> Women and girls are disproportionately at risk of SEA. A reduction in services for at-risk children and potential separation from caregivers increase the risk of SEA against children, and past epidemics have seen a rise in child labor, neglect, and early marriage.<sup>132</sup> Curfews and restrictions for aid workers may also impact existing reporting and response mechanisms.<sup>133</sup> As a result of COVID-19, there have been noted increases in exploitation of workers in Egypt,<sup>134</sup> with housekeepers reporting being trapped in homes with no time off. In Turkey, reports of high levels of sex work or transactional sex are noted.<sup>135</sup>

Given the high ethnic diversity in MENA, there is additional risk of exploitation, isolation, and abuse of ethnic minority groups, who are already more exposed to such treatment.<sup>136</sup> Ethnic minorities face a greater threat of trafficking, with less access to justice systems.<sup>137</sup>

### ACCESS TO LEGAL PROTECTIVE SERVICES

The COVID-19 pandemic has significantly impeded the ability of men and women to access the justice systems in the region, owing to office closures, increased bureaucracy and backlogs, and reduced mobility. In Jordan, Syrian refugee women have noted challenges in obtaining legal assistance for matters such as receiving child support and custody,<sup>138</sup> while in Syria central authorities have made the decision to prevent detainees from Adra central and Damascus women's prison from attending their judicial sessions in court.<sup>139</sup> The American Bar Association's Rule of Law Initiative is seeking innovative ways to continue its work, such as providing virtual sessions for judges and prosecutors in Lebanon.<sup>140</sup> Migrant workers in Lebanon, most of them women, have uncertain legal status, which is limiting their access to scarce services during the pandemic. In Egypt, legal service interruption has meant delays in filing police reports, and issues with documentation and status are disrupting access to education. Such challenges could put refugees, survivors of GBV, and others at risk of not attaining the critical protection support they need.

130 GBV AoR; Disability considerations in GBV programming during COVID-19

131 IASC, "Interim Guidance on COVID-19: Protection from Sexual Exploitation and Abuse," March 2020

132 UNICEF, "COVID-19: Children at heightened risk of abuse, neglect, exploitation and violence amidst intensifying containment measures," March 20, 2020, <https://www.unicef.org/mena/press-releases/covid-19-children-heightened-risk-abuse-neglect-exploitation-and-violence-amidst>

133 IASC Interim Guidance on COVID-19: Protection from Sexual Exploitation and Abuse; March 2020.

134 CARE Egypt Rapid Gender Analysis (unpublished draft); May 2020

135 CARE Turkey COVID 19 Impact Assessment; May 2020

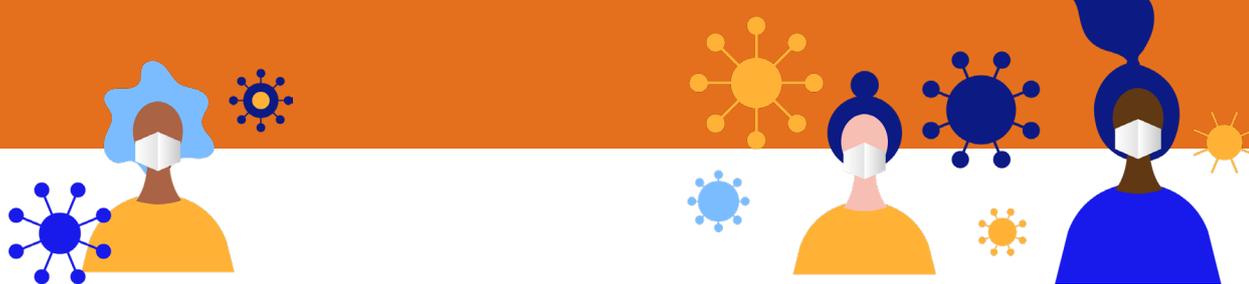
136 CARE Gender & Conflict Analysis, Taiz and Aden Governorates, Republic of Yemen; September 2019

137 SHIVA Foundation, "Ethnic Discrimination and the Risk of Trafficking," <http://www.shivafoundation.org.uk/ethnic-discrimination-risk-trafficking/>

138 *The New Humanitarian*, "Syrian refugee women face new COVID-19 battleground," May 12, 2020, <https://www.thenewhumanitarian.org/news/2020/05/12/Syria-refugee-women-coronavirus-battleground>

139 Mercy Corps Humanitarian Access Team, "Situation Report: COVID-19 in Government of Syria-controlled areas," April 28, 2020

140 "ABA ROLI facilitates a Virtual Event on Plea Agreements for Lebanese Judges and Prosecutors," <https://abaruleoflaw.blogspot.com/2020/06/aba-rolifacilitates-virtual-event-on.html>

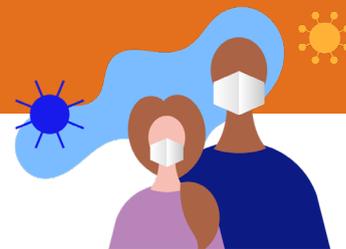


# Conclusion

The MENA region is in a critical stage in combating the spread of COVID-19, with some conflict-affected countries seeing sharp upticks in infections and others almost stopping transmission but at risk of further pandemic waves resulting from opening economies and reduced mitigation. Disparity is evident, with countries experiencing protracted conflict and massive displacement undergoing layers of humanitarian crises – for which they are not effectively prepared. Countries who spent months in economic deep-freeze face not only economic deprivation but increased household tensions, escalations in domestic violence, and psychosocial distress. Many governments still are unable to ensure adequate health, SRH, GBV and other services to meet the demand safely, and it is critical that service provision not be interrupted for these vulnerable and marginalized communities. Accurate and gender inclusive messaging must be provided on how to access these services, with two-way listening implemented to make sure that misinformation is countered. Also critical is the ability of rural and impoverished areas to access water and hygiene materials that were already scarce in the region. In MENA, women’s role as primary caregivers with already limited freedom of movement has put them at greater risk of exposure in caring for sick and elderly populations while not always able to access the needed preventative equipment or health services. Their role as leaders and decision-makers in key COVID-19 response sectors and institutions has been minimal and inadequate. Their voices are not sufficiently informing the response, and the needs of women and girls are not being met in proportion to those of men and boys.

*Small business owner Bara’a al-Shobaki and her mother, in Jordan.  
 “The banking world is still very male dominated. I would love to see them involving women in developing services and products. I can assure you having women on board will make a difference. Because we know the barriers we face everyday. We know what we need. But most importantly, we know what we can achieve.”  
 Credit: CARE*





## Recommendations

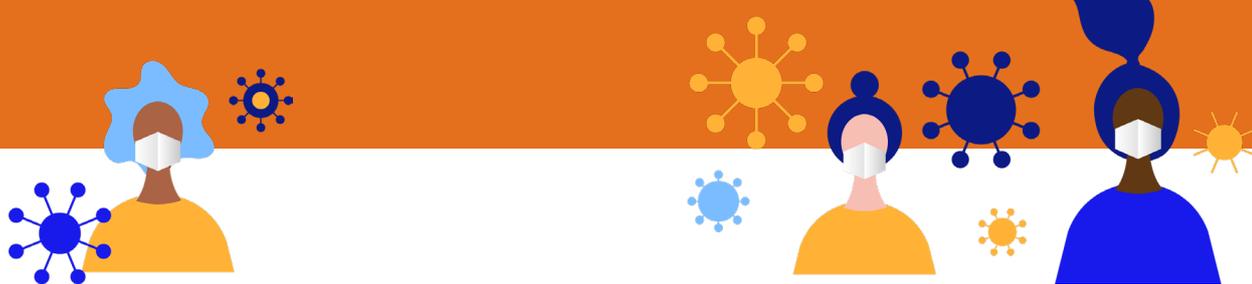
The following recommendations are targeted towards humanitarian and development actors, as well as relevant government bodies in the MENA region.

### OVERARCHING RECOMMENDATION

This RGA report should continue to be updated and revised as the COVID-19 pandemic unfolds, supplemented by additional country-specific RGAs in MENA, support from country management and adequate resourcing. Long-term impacts of the crisis will continue to evolve and require regular analysis of shifting gender dynamics for a more effective and appropriate response. CARE and partner organizations should continue to invest in contextualized gender analysis and guidance on prevention and response messaging for COVID-19, and share new reports widely.

### TARGETED RECOMMENDATIONS

- ➔ **All response actors should consistently ensure thorough multi-sectoral analysis includes disaggregation by sex, age, and disability (SADD), tailoring actions to address the COVID-19 pandemic accordingly.** While SADD data is considered a minimum standard in most humanitarian and development data collection, it is critical that response actors ensure all assessments and subsequent products collect and utilize information that can help discern the differential impact of the virus on women, men, girls and boys of different ages and social groups, with or without disabilities, and thereby plan for appropriately tailored program interventions. Data collected should include differential rates of infection, economic impact, caregiving responsibilities, and incidences of gender-based violence.
- ➔ **COVID-19 prevention and mitigation information provided to the public and aid beneficiaries should utilize two-way risk communication tailored to the needs and preferences of men, women, boys, and girls in order to adequately learn about and address misinformation that is spreading in the community.** Risk communication and community engagement is a key pillar of WHO COVID-19 strategy and is particularly relevant in MENA given the differing levels of access to information among at-risk groups. Given women's reduced access in some locations to various means of communication, it is critical that this two-way communication be adapted to their needs.
- ➔ **Governments and service providers should prioritize provision of sexual and reproductive health (SRH) in line with the Minimum Initial Service Package (MISP) and menstrual hygiene management (MHM) materials for women and girls as essential health services in response to COVID-19, with emphasis on rural and underserved areas.** Female health needs are critical to ensuring women and girls thrive in light of the global pandemic, and cannot be made secondary to other health-related needs. Service providers should ensure frontline women health workers are provided MHM kits, in addition to personal protective equipment. Additionally, availability of all critical services and supplies in line with the MISP for SRH in Crisis-Settings must continue, including access to contraception and round-the-clock emergency obstetric newborn care and clinical management of rape.<sup>141</sup> Accommodations should be made for women and girls with disabilities.
- ➔ **All humanitarian and development stakeholders should consider protection, in particular GBV services, including hotlines, referrals and remote and direct health and psychosocial response services for survivors, a life-saving priority and expand their availability.** Considering the continued increase in prevalence of intimate partner and domestic violence, harassment, and other forms of GBV and increased utilization rates of hotline services during the pandemic, donors and service providers should reprioritize GBV prevention and response activities and increase allocation of funding to GBV services that are adapted for COVID-19 response modalities. GBV response hotlines, where available, are overwhelmed and need support to ensure functionality and expanded capacity.



- ➔ **Increased resources should be devoted to provision of water, sanitation, and hygiene (WASH) materials in particularly disadvantaged locations, such as displacement and refugee camps, rural communities, and the urban impoverished.** MENA suffered pre-pandemic from water scarcity, and the disparity in available resources in conflict-affected and poor areas is extreme. Gender-sensitive modalities of distribution and provision of WASH services<sup>142</sup> should be a priority, including alternatives for local procurement and/or production of soap or other products that can prevent the spread of COVID-19 in areas where these are not available.
- ➔ **Government agencies and – where appropriate – humanitarian and development actors should seek appropriate methods to ensure livelihoods are maintained for informal sector employees, such as compensatory payments or cash transfers.** To stem the long-term economic impacts of COVID-19 that will be burdensome for women largely involved in unstable or informal labor markets, economic support should be provided to vulnerable and marginalized groups, who may either lose informal employment and/or be at risk or engaging in exploitative labor to support their households. Resiliency should be emphasized to protect against shocks and the prolonged nature of the crisis. Such support should be provided in a way that does not put women at risk of violence by male household members and prioritizes joint spousal financial decision-making.
- ➔ **Government agencies, local authorities, and humanitarian and development responders should prioritize meaningful participation of women in leadership positions and decision-making bodies responsible for COVID-19 prevention and response at global, regional, national, and community levels.** Voices of women in times of crisis are critical to ensure gender-responsive strategies, and efforts should be made to continue and/or reinforce women's civil society in MENA, adapting modalities for mobilization in restricted settings. Given insufficient funding of women-led and women-targeted programming, response actors should ensure this is consistently requested and donors prioritize this for funding.<sup>143</sup> Women should be placed at the front of the pandemic response, while ensuring community-level networks are retained or created to facilitate safe and gender-inclusive information dissemination and activism.
- ➔ **Efforts should be made to engage men and boys in dialogue and social norm change interventions to capitalize on their potential contribution to household responsibilities.** Isolation measures to prevent COVID-19 spread should be seen as an opportunity for governments, civil society, and response actors to seek to recalibrate gender roles in the home, encouraging men and boys to take on stronger caregiving roles and thereby reducing the disproportionate burden on women and girls. Positive messaging to this end should be developed in contextually-appropriate ways, and networks built to pass along such messages.
- ➔ **Agencies responding to the pandemic should increase investment in provision of mental health and psychosocial support services (utilizing remote modalities where possible) that are tailored for gender and age.** Levels of psychosocial distress were highly prevalent prior to the COVID-19 pandemic and have been significantly exacerbated, leading to increased violence and household dissonance. Given increased service-seeking in the past months, culturally-appropriate services available to all demographics should be increased and made widely available to ensure that women, men, girls and boys have restorative activities available to mitigate the impact of the pandemic and associated social isolation.
- ➔ **Governments, private sector, and humanitarian and development actors should prioritize investment in adapted women's economic empowerment initiatives, such as remote small and medium enterprises (SMEs) and Village Savings and Loans Associations (VSLAs).** Women's economic resilience is at risk with the spread of the current pandemic, and will be further hampered by increased caregiving responsibilities. Efforts should be made to explore home-based SME activities that allow women to contribute to income generation, while accommodating for childcare considerations that may currently preclude them from ensuring household financial stability. Women-led businesses should be prioritized for financial service provision and support to enable them to recover lost entrepreneurial initiatives.

142 CARE Australia, "Ensuring Gender Equality programming in Water Supply, Sanitation and Hygiene Promotion," [https://insights.careinternational.org.uk/images/documents/GiE\\_guidance-note\\_gender\\_equality\\_programming\\_wash.pdf](https://insights.careinternational.org.uk/images/documents/GiE_guidance-note_gender_equality_programming_wash.pdf)

143 UNFPA & UNWomen, "Funding for Gender Equality and the Empowerment of Women and Girls in Humanitarian Programming," June 2020

